

**TELEPHONE
CALLING CARD
APPLICATION**

DAS 49 Rev. 1/94

**STATE OF CONNECTICUT
DEPARTMENT OF ADMINISTRATIVE SERVICES
TELECOMMUNICATIONS**

TELECOMMUNICATIONS OFFICE USE ONLY

DAS Request No.

Date Received

Date Issued

PIN #

LOG #

Date Cancelled

INSTRUCTION ▶ 1. If request is for:

- New Card – Complete Sections I, II & III.
 - Replacement – Complete Sections I & II.
 - Cancellation – Must complete Sections I & II C. Enclose card, cut in half
2. Forward original to Telecommunications. Retain a copy for file.

Section I (General Information)

Agency Coding

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Agency

SubAgency/Bureau

Division

Section

Unit

Allocation

Agency Name: _____

Mailing Address: _____

NATURE OF REQUEST

☐ New Card

☐ Cancel Card

☐ Replacement (without PIN change)

☐ Replacement (Change PIN)

☐ Broken

☐ Lost

☐ Worn

☐ Stolen

☐ Other _____

☐ Other _____

Specify

Specify

If Cancelling or Replacing, please enter
Calling Card Number

(620)

Section II (Employee Justification & Agency Certification)

- A. I understand that upon the issuance or replacement of this telephone calling card, I am personally responsible for the following:
- I will not knowingly disclose the Telephone Calling Card number to any individual.
 - I will only use this card in the performance of my duties as designated by my agency.
 - I will immediately report any loss or inadvertent disclosure of my card number to agency business manager.
 - I must reimburse the agency for any costs incurred resulting from improper card usage by me.
 - I will review and initial all charges on the monthly Calling Card report and submit it to my business manager.
 - I will surrender this card upon request or termination of employment by this agency.

Date: _____ Employee Signature: _____ Employee Number: _____

Telephone Number: _____ Employee Name: _____ Title: _____

- B. ☐ I have reviewed the information above and have determined that a Telephone Calling Card is necessary for this employee.

☐ This calling card is being cancelled for the above named individual.

Date: _____ Immediate Supervisor's Signature: _____

Telephone Number: _____ Title: _____

C. Agency Certification

☐ I have reviewed the information above and have determined that a Telephone Calling Card is necessary for this employee, that funds are available for this purpose, and that usage will be monitored by this agency.

☐ This Calling Card is being cancelled for the above named individual. (Provide name in Section IIA)

Agency Signature:

Signature:

Date:

DAS Telecommunications:

Date:

Section III (Required Data)

How will the Calling Card be used ?

A ☐ Calls back to my agency while on routine business within Connecticut

Estimated Number of Calls per Month

☐ From other locations of my agency _____

☐ From other state agencies _____

☐ From other municipal government locations _____

☐ From Coin & Change-a-Call phones _____

☐ From non-government locations _____

B ☐ Calls back to my agency while on out-of-state trips

Estimated Number of Calls per Month

☐ From other government locations _____

☐ From hotel rooms & conventions sites _____

☐ From Coin & Change-a-Call phones _____

☐ From non-government locations _____

☐ From other countries _____

Do you travel to the same cities frequently? ☐ Yes ☐ No

If **yes**, identify the cities: _____

C If you routinely place calls to locations other than your agency, list examples and purpose of such calls: _____

D If a major purpose in acquiring this card is to respond to emergencies,

a) Approximately how frequently are emergencies likely to develop ? _____

b) Estimate the number of calls billed to your card to deal with a typical emergency in a single day: _____

c) How will you be notified of an emergency ? _____

d) Describe the kind(s) of emergencies in which you get involved: _____

E Explain any special uses for which you require a Calling Card: _____